

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>[Signature]</i> Addressee</p> <p>C. Date of Delivery <i>MAR 22 2006</i></p> <p>D. Is delivery address different from the address on the label? <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: <i>1:06 C...</i></p>	
<p>1. Article Addressed to:</p> <p><i>Frank Morton</i> <i>Langdon, IV</i> <i>26 Anna Lane</i> <i>Waynesville, NC</i> <i>28904</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>7004 2510 0004 8779 2123</p>	

102595-02-M-1540